

Review of: "Periodontal disease in association with Myocardial Infarction with Non-Obstructive Coronary Arteries and Microvascular Coronary Artery Disease"

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Potential competing interests: No potential competing interests to declare.

Dear authors, the topic is very interesting. To date, it can be said that the emerging scientific consensus is that periodontitis is a concrete risk factor for several inflammatory-based systemic diseases.

My view on this article is that:

Introduction:

- The background is not sufficient. The thesis of the paper is also not supported by literature. The introduction should be expanded by implementing the literature.

Methods:

- Because it is an observational study, it must be approved by an ethics committee
- Lacks a table with clearly written inclusion and exclusion criteria
- The periodontal classification to be used to evaluate patients should be the 2017 "World Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions"
- The bibliographical references for this sentence are missing: "The extent of periodontitis is influenced by other non-cardiac diseases, including immunocompromised state, lipid, and glycogen storage diseases, systemic inflammatory diseases, auto-immune connective tissue diseases, leukocyte adhesion deficiency, and hypophosphatemia; therefore, to prevent attrition bias, we excluded patients with major concomitant diseases".
- For the periodontal evaluation of the patient, pocket depth was taken into account, why not also clinical attachment loss?
- Underlying the correlation of periodontal disease with other diseases such as heart disease is a generalized inflammatory state as demonstrated by Loos in 2005 (10.1902/jop.2005.76.11-S.2106) and the "CORODONT" study (10.1001/archinte.166.5.554). So would it be useful to research markers of inflammation as well?

Results:

- Why are patients in the second group referred to as "healthy"?
- The bibliographical references for this sentence are missing: it discovered various predictors of MINOCA among the

general population such as DM, dyslipidemia, PAD, smoking, and female gender

- I would include in the paper the additional tables in the results section.